Interstate Physician Licensing Compact

Vermont Medical Society Resolution Adopted November 7, 2015

With Comments (underlined) Added By VMS Staff September 2017
Council Voted in Support Nov 2017

Whereas, an interstate licensing compact law designed to streamline licensing for physicians who seek licensing in multiple states has been adopted in 11 states; and
The Compact legislation has now been adopted in 22 states, including New Hampshire in 2016 and Maine in 2017. A minority of these states are ready to issue licenses through the Compact. The remaining are working to clarify/verify that their state medical boards are authorized to conduct background checks as required by the Compact.
Basic function of compact (see http://www.imlcc.org/what-is-the-process/):

1. Physician is licensed in State of Principle Licensure (SPL)
2. Physician applies for expedited/IMLC license via SPL
3. SPL verifies eligibility and issues Letter of Qualification
4. Physician selects IMLC Member States in which he/she wishes to be licensed
5. Member state medical board(s) issue license(s)

Whereas, the Interstate Compact is expected to be operational in the next twelve to eighteen months; and
The Compact is now live and physicians can apply for expedited licenses at https://imlcc.org/apply now; the first licenses were issued early in 2017

Whereas, the states that have adopted the compact will form an Interstate Compact Commission (Commission) to administer the compact; and
The Commission was seated in October 2015 after 7 states adopted the Compact legislation, and the Commission has been actively working since that time. See: http://www.imlcc.org/bylaws-and-policies/

Whereas, the Commission has a number of powers and duties including promulgating rules that will bind Compact member states, and enforcing compliance with the Compact; and

Whereas, the rules to be adopted by the Commission will determine the application fee for a compact license, the renewal fee and process for compact licenses, the process for issuing a compact license, the administrative assessment on compact states to fund the operations of the Commission and the process for sharing disciplinary and investigatory information with other compact member boards; and
The Commission has now adopted four chapters of rules: (1) Rulemaking, (2), Information Practices, (3) Fees, (4 – Reserved), (5) Expedited Licensure, as well as proposed rules on State of Principle Licensure and Advisory Opinions: http://www.imlcc.org/rulemaking-information/

Whereas, the Commission has received some grant funding to support establishment of the Commission, and creation of bylaws, rules, processes, technical infrastructure, and educational outreach for the Commission; and

Whereas, the compact is binding and a compact state may only withdraw from the compact one year after the state legislature has repealed the compact law; and

Whereas, none of the states bordering Vermont have introduced or are expected to introduce the interstate compact legislation at this time; and
See above; NH and ME have adopted legislation to join the Compact. (NHS supported; MMA neutral though participated in legislative discussion.) Vermont physicians have high eligibility for a license through the compact; as of Nov 2016:

- 3,171 physicians (MD and DO) have an active license issued by VT, 3,003 (95%) with MD
- 2,706 actively licensed physicians (85%) in VT are eligible for the compact licensure (MD and DO)
- 1,678 out of 3,003 VT MDs (56%) have more than one state license
- 2,600 VT MDs are eligible for the Compact license, accounting for 87% of VT MDs

Keep in mind, application for compact licensure is voluntary and MDs will retain the ability to be licensed directly through Vermont or any other state board.

Whereas, to date the Vermont Medical Society has not taken a position on S. 8, the Interstate Compact bill that was introduced in Vermont in 2015; now therefore be it

RESOLVED, that the Vermont Medical Society, in making a determination of whether to support S. 8 or other legislation to establish the interstate physician licensing compact in Vermont shall consider whether the following issues have been satisfactorily addressed:

1. **Financial concerns about the potential impact of joining the compact on the license fees for Vermont physicians;**

   The following information about fees and costs is now available:
   For states – The Commission has decided that there will be *no cost to a state* to participate in the Compact
   For physicians – The cost to a physician to participate in the Compact is:

   i. Initial licensing cost = before applying to participate in the Compact, a physician must designate and be licensed in a State of Principle Licensure and pay full license fee to that state
   ii. Application Costs = $700; $400 will go to the Commission & $300 to the State of Principal Licensure to cover the cost of verifying the physician's credentials PLUS
   iii. Compact License Costs - Each state's medical board sets the fee for a medical license facilitated by the Compact process. So if Vermont were to join the Compact, the Vermont Board of Medical Practice would establish the fee for a physician to receive a Compact license, so long as it's not more than the fee for an initial medical license. The costs in existing member states now range from $75-750.

2. **Legal concerns about the rules requiring Compact boards to share disciplinary information and enabling other states to participate in investigations;**

   State medical boards participating in the Compact are required to share complaint/investigative information with each other. The license to practice medicine may be revoked by any or all of the compact states based on the action of the SPL or other compact state. The AMA actively participated in the process to ensure that any action taken on a physician's license must be consistent with that state's rules and regulations. So, Vermont could not sanction a physician for something that they did in California that is not against the law or considered unprofessional conduct in Vermont. You'll see "consistent with the Medical Practice Act of that state" sprinkled throughout the Compact for this reason.

1 Any state medical board can undo any action taken automatically on a physician's license
2 because of another Compact state's action against the physician's license
3
4 A common complaint about physicians licensed in multiple states is that it takes too long –
5 year – to learn about a physician who has been sanctioned by a state medical board. And
6 even if a medical board does hear a rumor that a physician is under investigation or about to
7 be subject to discipline, the records are confidential, so other state medical boards cannot
8 find out whether the actions being investigated would make the physician a threat to the
9 patients of their state. The Compact process of sharing records and disciplinary information
10 in an expedited manner is an attempt to resolve this problem.

11

12 **3. Administrative concerns about the potential for limitations on the ability of Vermont**
13 **to determine what information about Vermont licensees is reported, is confidential, is**
14 **part of licensee profiles, and is part of the public record;**

15 Regarding treatment of licensee information – it will continue to be treated consistent with
16 the policies and laws of the state of licensure. So, for example, if the Vermont Board of
17 Medical Practice provides various demographic information on its website or treats
18 application information as public if there is a public records request, the same information
19 will be available about traditional and compact licensees. Information sent to other compact
20 states by Vermont licensees who choose to apply for an IMLC license in those states will be
21 treated in accordance with that state's medical board rules/policies.
22 Regarding the information that can be requested, any state, at any time, can request
23 additional information from an applicant if they have a state statute requiring it. While a
24 Letter of Qualification will be issued immediately from the SPL and the physician will
25 receive a license in compact states, if he/she does not provide additional required
26 information to another state in which a license is requested, disciplinary action could follow
27 which would then make them ineligible for IMLC license.

28 Member physicians can also be required to complete Vermont-specific CME and profile
29 information on renewal; Rule 5.8 describes the renewal process. The physician will
30 complete an online renewal form provided by the Commission; the Commission will collect
31 and distribute any renewal fees charged by the member boards; and member boards "may
32 collect and act upon additional information from the physician related to that state's specific
33 requirements for license renewal" (5.8(6)).
34 **4. Administrative concerns about the potential for increased administrative burden on**
35 **the Vermont Board of Medical Practice;**
36 The role of a state Medical Board will depend if the state is the "State of Principle Licensure"
37 or a "receiving state" processing an expedited application.
38 The SPL will already have verified most of the information needed to issue a "letter of
39 qualification" for the compact license – for example, that the physician graduated from an
40 accredited medical school, passed the COMLEX, did a residency, and has a license. At the
41 time of applying for a compact license, the SPL will just need to re-check the criminal
42 record, DEA actions, or actions taken by other medical boards since the time the physician
43 was initially licensed by the SPL. Keep in mind that the fees were set by the IMLC

Commission, which is made up of representatives of each member state's medical board. So, the people who set the fees should have an understanding of what it will cost to run the additional/updated checks.
If the state is a "receiving state," there will be a reduced burden for processing expedited applications compared to processing a full initial license application from an out-of-state applicant. The state can still set the fee for processing the expedited application at anything up to the full license fee. It is expected most states will set the fee around the license renewal fee, as it will take about the same amount of effort for the medical board to process.

5. **Any concerns about the operations of the Compact that arise after rulemaking is completed based on a review of the rules;**

None flagged at this time. As a member of the Compact, Vermont would have two seats on the Commission, and so would have a voice in addressing any concerns that arise. That said, rulemaking is wrapping up, so there may be less active policy setting by the time Vermont might choose to participate.

6. **Clarification that board certification and maintenance of certification are only required for physicians seeking interstate compact licenses and will not be required for Vermont licensees who do not seek interstate compact licenses; and**

This question has been answered numerous times. Physicians who do not meet the requirements, including those not specialty certified, are still eligible to apply for state medical licensure in a member state through the current process. Initial estimates show that up to 80% of licensed physicians in the U.S. and 86% of Vermont MDs could be eligible to participate in the Compact, if they choose to do so.
The Compact makes no reference to Maintenance of Certification (MOC) or its osteopathic counterpart, Osteopathic Continuous Certification (OCC). The Compact does not require a physician to participate in MOC at any stage, nor does it require or make mention of the need to participate in MOC as a licensure renewal requirement in any state. Board certification is only an eligibility factor at the initial entry point of participation in the Compact process.
The full and unrestricted medical license issued by a state to a physician through the Compact expedited process is the exact same license as would have been issued through the traditional licensure pathway. Once a physician is issued a license via the Compact from a state, he or she must adhere (as now) to the existing renewal and continuing medical education requirements of that state. No state requires MOC as a condition for licensure renewal, and therefore, this will not be required for physicians participating in the Compact.

7. **Understanding of how inconsistencies and variability in compact member states' definitions of complaints and unprofessional conduct will be addressed for compact licensees.**

See # 2 above - any action taken on a physician's license must be consistent with that state's rules and regulations.